Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification:: Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)::

No

Number of copies of CRF::

0

Title:: AXLE ASSEMBLY IN PORTAL

ARRANGEMENT, ESPECIALLY FOR LOW

FLOOR VEHICLES

Attorney Docket Number:: 9001-1005

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3
Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: HUNGARY

Status:: Full Capacity

Given Name:: GABOR

Middle Name::

Family Name:: SZALAI

City of Residence:: GYORUJBARAT

State or Province of

Residence::

Country of Residence:: HUNGARY

Street of Mailing Address:: MELYKUT U. 83.

City of Mailing Address:: GYORUJBARAT

State or Province of Mailing Address::

Country of Mailing Address:: HUNGARY

Postal or Zip Code of Mailing Address:: H-9081

Applicant Authority Type:: Inventor

Primary Citizenship Country:: HUNGARY

Status:: Full Capacity

Given Name:: DEZSO

Middle Name::

Family Name:: KADOCSA

City of Residence:: GYOR

State or Province of

Residence::

Country of Residence:: HUNGARY

Street of Mailing Address:: ADY ENDRE U. 27

City of Mailing Address:: GYOR

State or Province of Mailing Address::

Country of Mailing Address:: HUNGARY

Postal or Zip Code of Mailing Address:: H-9026

Applicant Authority Type:: Inventor
Primary Citizenship Country:: HUNGARY

Status:: Full Capacity

Given Name:: PETER

Middle Name::

Family Name:: SZIJ
City of Residence:: GYOR

State or Province of

Residence::

Country of Residence:: HUNGARY

Street of Mailing Address:: BATTHYANY TER. 11

City of Mailing Address:: GYOR
State or Province of Mailing Address::

Country of Mailing Address:: HUNGARY

Postal or Zip Code of Mailing Address:: H-9022

Applicant Authority Type:: Inventor
Primary Citizenship Country:: HUNGARY

Status:: Full Capacity

Given Name:: ALBERT

Middle Name::

Family Name:: ISTOK
City of Residence:: GYOR

State or Province of

Residence::

Country of Residence:: HUNGARY

Street of Mailing Address:: SZABOLCSKA U.8.

City of Mailing Address:: GYOR

State or Province of Mailing Address::

Country of Mailing Address:: HUNGARY

Postal or Zip Code of Mailing Address:: H-9023			
Correspondence Information			
Correspondence Customer		000466	
Number::			
Representative Information			
Representative Customer		000466	
Number::			
Domestic Priority Information			
Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::

		(4)	
	<u> </u>		
Foreign Priority Information			
Country::	Application	Filing Date::	Priority
	Number::		Claimed::
HUNGARY	P 03 00947	4/10/03	Yes
Assignment Information			
Assignee Name::			
Street of Mailing Address::			
City of Mailing Address::			
State or Province of Mailing Address::			
Country of Mailing Address::			
Postal or Zip Code of Mailing Address::			